

Re: Medical Dispute Resolution
MDR #: M2-02-0784-01
IRO Certificate No.: IRO 5055

Dear

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating physician. Your case was reviewed by a physician reviewer who is Board Certified in Anesthesia and Pain Management.

THE PHYSICIAN REVIEWER OF YOUR CASE **DISAGREES** WITH THE DETERMINATION MADE BY THE UTILIZATION REVIEW AGENT ON THIS CASE. AN IDET PROCEDURE IS MEDICALLY NECESSARY.

I am the Secretary and General Counsel of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be

received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on July 30, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning TWCC Case File #M2-02-0784-01, in the area of Pain Management. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. Request for review of denial of the IDET.
2. Correspondence.
3. History and physical and office notes for 2002, 2001, and 2000.
4. Procedure notes.
5. Radiology reports.

B. BRIEF CLINICAL HISTORY:

The patient is an approximately 45-year-old female who injured her back in an apparent job-related incident where she was lifting a patient out of wheelchairs. She has since that time had back pain. Recently, a request has been made for an IDET procedure to be done on this patient, and that procedure has been denied. The reason for the denial was that there was scant documentation of pathology at L4-5 and L5-S1 that would explain the lower back and lower extremity pain.

The patient had an epidural steroid injection with contrast, and provided some relief of the symptoms for approximately two weeks. It was suggested that all the available evidence pointed to problems at the L4-5 and L5-S1 level, and there was no evidence that this would indicate the pain would be originating from a new level. The patient reportedly has had the same pain prior to the surgery.

In addition to this, another review suggested that the neurological problems that the patient has would rule out this patient as a candidate by the Saul and Saul criteria.

C. DECISION:

I DISAGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE.

D. RATIONALE OR BASIS FOR DECISION:

The reason is that, by ___ notes, the patient does appear to have a normal neurological examination. There have been questions raised in this case as to where the abnormal neurological findings came from. I think the most telling suggestion in this case that the pain is not neurological in origin is the diskogram done recently which suggested concordant pain on injection of the L-4 and L-5 disks. Because of this, I think there is enough suggestion here, along with ___ notes that the patient is indeed a candidate for an IDET procedure, based upon the Saul and Saul criteria. I also see no reason or documentation that the current problem is related to a previous injury as stated in the denial dated 03/27/02.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.

Date: 28 July 2002